

<i>SERFF Tracking Number:</i>	<i>MASS-125597175</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Massachusetts Mutual Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38654</i>
<i>Company Tracking Number:</i>	<i>FBA - SINGLE PURCHASE PAYMENT</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>FBA - Single Purchase Payment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company			
Product Name: FBA - Single Purchase Payment	SERFF Tr Num: MASS-125597175	State: ArkansasLH	
TOI: A05I Individual Annuities- Immediate Non-Variable	SERFF Status: Closed	State Tr Num: 38654	
Sub-TOI: A05I.000 Annuities - Immediate Non-variable	Co Tr Num: FBA - SINGLE PURCHASE PAYMENT	State Status: Approved-Closed	
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird	
	Authors: Diane Decoteau, Frances Henderson, Mary Ellen Smith	Disposition Date: 04/17/2008	
	Date Submitted: 04/09/2008	Disposition Status: Approved	
Implementation Date Requested: 07/01/2008		Implementation Date:	
State Filing Description:			

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/17/2008	
State Status Changed: 04/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please See Cover Letter.	

SERFF Tracking Number: MASS-125597175 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38654
Company Tracking Number: FBA - SINGLE PURCHASE PAYMENT
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: FBA - Single Purchase Payment
Project Name/Number: /

Company and Contact

Filing Contact Information

Diane Decoteau, Ddecoteau@MassMutual.com
1295 State Street (860) 562-2715 [Phone]
Springfield, MA 01111-0001 (860) 562-6009[FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
1295 State Street Group Code: 435 Company Type:
MIP: M381
Springfield, MA 01111 Group Name: State ID Number:
(800) 767-1000 ext. [Phone] FEIN Number: 04-1590850

Filing Fees

Fee Required? Yes
Fee Amount: \$225.00
Retaliatory? Yes
Fee Explanation: Retaliatory fee is \$75 per form. 3 forms x \$75.00 = \$225.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$225.00	04/09/2008	19394321

SERFF Tracking Number: MASS-125597175 State: Arkansas
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Variable
Product Name: FBA - Single Purchase Payment
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/17/2008	04/17/2008

SERFF Tracking Number: *MASS-125597175* *State:* *Arkansas*
Filing Company: *Massachusetts Mutual Life Insurance Company* *State Tracking Number:* *38654*
Company Tracking Number: *FBA - SINGLE PURCHASE PAYMENT*
TOI: *A05I Individual Annuities- Immediate Non-Variable* *Sub-TOI:* *A05I.000 Annuities - Immediate Non-variable*
Product Name: *FBA - Single Purchase Payment*
Project Name/Number: */*

Disposition

Disposition Date: 04/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MASS-125597175 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38654

Company Tracking Number: FBA - SINGLE PURCHASE PAYMENT

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable

Product Name: FBA - Single Purchase Payment

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	SINGLE PURCHASE PAYMENT		Yes
	IMMEDIATE ANNUITY ENDORSEMENT		
Form	CONTRACT SCHEDULE		Yes
Form	Immediate Annuity Application For		Yes
	Contract Form MMFBA-05		

SERFF Tracking Number: MASS-125597175 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38654

Company Tracking Number: FBA - SINGLE PURCHASE PAYMENT

TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: FBA - Single Purchase Payment

Project Name/Number: /

Form Schedule

Lead Form Number: SP-MMFBA

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SP-MMFBA	Policy/Contract/Fratern al Certificate: ANNUITY Amendmen t, Insert Page, Endorseme nt or Rider	SINGLE PURCHASE PAYMENT IMMEDIATE ENDORSEMENT	Initial		50	SP-MMFBA Endorsement. pdf
	MMFBA-08	Schedule Pages	CONTRACT SCHEDULE	Initial		52	MMFBA-08.pdf
	AFBA-SA-08	Application/ Enrollment Form	Immediate Annuity Application For Contract Form MMFBA-05	Initial		50	AFBA-SA-08 JDoe App.pdf

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
[1295 State Street
Springfield, MA 01111-0001]

SINGLE PURCHASE PAYMENT IMMEDIATE ANNUITY ENDORSEMENT

This Endorsement modifies the Contract to which it is attached. In case of a conflict with any provision in the Contract, the provisions of this Endorsement will control.

A. Definitions:

The definitions listed below are hereby modified as follows:

Additional Purchase Payments and **Initial Purchase Payment** definitions no longer apply to the Contract.

Annuity Purchase Rate definition is revised to read: “the rate used to calculate the amount of income purchased under the applicable Annuity Income Benefit with the Net Purchase Payment”.

Net Purchase Payment definition is revised to read: “an amount equal to the Single Purchase Payment less any applicable premium tax”.

The following definition is hereby added to the Contract:

Single Purchase Payment – the purchase payment made to put this contract in force. The Single Purchase Payment is the only purchase payment that may be applied to the contract.

B. Provisions and Contract Sections:

The provisions listed below are hereby modified as follows:

State Premium Taxes provision is revised to read: “Any state premium taxes We must pay may be deducted from the Single Premium Payment”.

Processing Date provision is revised to read: “If the due date for any activity required by the Contract falls on a non-business day, the activity will be performed on the first business day following such date.

The FLEXIBLE PURCHASE PAYMENTS section is changed to the SINGLE PURCHASE PAYMENT section. The section shall read in its entirety as follows:

General. The Single Purchase Payment buys Pension Income Benefits and, if applicable, any other Annuity Income Benefits selected by You. The Single Purchase Payment is paid as of the Contract Date. We reserve the right to reject the purchase payment if it does not conform to the purchase payment requirements on the Schedule Page. We reserve the right to reject the purchase payment if it does not comply with federal or state law.

The brief description of the Contract on the back cover is modified as follows:

SINGLE PAYMENT IMMEDIATE ANNUITY CONTRACT
Flexible Income Benefits

**THIS CONTRACT IS PARTICIPATING. WE DO NOT EXPECT THAT ANY DIVIDENDS
WILL BE PAYABLE ON THIS CONTRACT**

C. Additional changes and modifications to the Contract:

All references in the Contract to “Flexible Purchase Payments” shall be changed to read “Single Purchase Payment”.

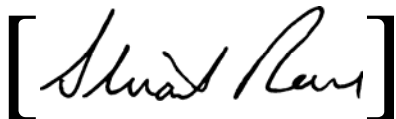
All references in the Contract to “Initial Purchase Payment” shall be changed to read “Single Purchase Payment”.

The following hereby replaces the language in the OWNER’S RIGHTS provision appearing in the OWNER AND OWNERSHIP RIGHTS section of the Contract:

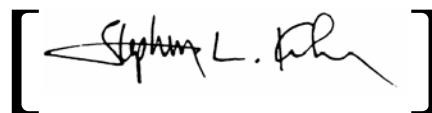
Owner’s Rights:

1. As long as the Owner is living and unless otherwise provided in this contract, You may exercise all rights and privileges provided in this contract or allowed by Us, such as:
 - select an Annuity Income Benefit and specify the start of Annuity Payments;
 - name or change the Payee for any Annuity Income Benefit selected to the extent allowed by law; and
 - make exchanges and modifications involving the various Annuity Income Benefits.
2. Upon the Owner’s death:
 - If the Owner was not an Annuitant or Joint Annuitant under the contract, then the named Beneficiary becomes the Owner and may exercise all ownership rights provided under the contract.
 - If the Owner was an Annuitant or Joint Annuitant under the contract and the Survivor Income Benefit was elected then the surviving Annuitant becomes the Owner and may exercise all ownership rights provided under the contract.
 - If the Owner was the last surviving Annuitant and the Legacy Income Benefit was elected, the Beneficiary becomes the Owner and has the right to receive any remaining payments due under the Legacy Income Benefit.
3. Upon the last surviving Annuitant’s death:
 - If the Owner was not an Annuitant or Joint Annuitant under the contract and the Legacy Income Benefit was elected, then the named Beneficiary becomes the Owner and may exercise all ownership rights provided under the contract.
 - If the Owner was not an Annuitant or Joint Annuitant under the contract and the Legacy Income Benefit was not elected, the contract terminates.

Signed for Massachusetts Mutual Life Insurance Company by:



[PRESIDENT]



[SECRETARY]

CONTRACT SCHEDULE

PERSONAL INFORMATION

Contract Date:	[09/15/2005]
Contract Number:	[123456789]
Owner:	[John Adams]
Annuitant:	[John Adams, Male 65]
Joint Annuitant:	[Abigail Adams, Female 62]
Beneficiary:	[Samuel Adams]

PURCHASE PAYMENT INFORMATION

Single Purchase Payment Amount:	[\$100,000]
Pension Income Payment:	[\$376.50]
Income Benefit Start Date:	[10/15/2005]
Annuity Payment Frequency:	[Monthly]
Survivor Income Benefit Percentage:	[67%]
Legacy Income Benefit Percentage:	[50%]
Legacy Income Benefit End Date:	[09/15/2032]
Benefit Adjustments:	[COLA]

If the Cost of Living Increase Benefit is elected, the maximum increase will be [5%] prior to age [90], and [3%] thereafter.

Designated CPI Calendar Month:	[July]
CPI Participation Percentage:	[100%]

ANNUITY INCOME BENEFIT RULES

Minimum Income Benefit Percentages:

Survivor Income Benefit:	50%
Legacy Income Benefit:	25%

Maximum Exchange Age:	90
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Minimum Survivor and Legacy Income Benefit Percentages are expressed as a percentage of the Pension Income Benefit. If the Survivor Income benefit is elected, upon the death of either the Annuitant or the Joint Annuitant, the Legacy Income Benefit becomes a percentage of the Survivor Income Benefit. The Legacy Income Benefit percentage will bear the same relationship to the Survivor Income Benefit as it did prior to the death of either the Annuitant or Joint Annuitant.

CONTRACT SCHEDULE (Continued)

PURCHASE RATE BASIS CALCULATION

Current Annuity Purchase Rates – Rates will be based on Our current pricing assumptions, subject to not being less favorable than those determined using mortality, maximum interest rate deduction, and maximum premium load as follows:

Mortality Basis:	Rates will be [85%] of [A2000] mortality table with [100%] of projection scale [G].
Maximum Interest Rate Deduction:	[1%]
Maximum Premium Load:	[5%]

OTHER

Service Center:	[1295 State Street, Springfield , Massachusetts 01111-0001 or 1-800-234- 2865]
Commuted Value of Legacy Income Benefit:	[The commuted value on any day will be based on discount rates equivalent to those used to determine the annuity purchase rates on that day.]

ENDORSEMENTS/RIDERS

- [Individual Retirement Annuity Endorsement]
- [Exchange and Modification Provision Endorsement]
- [Single Purchase Payment Immediate Annuity Endorsement]



Massachusetts Mutual Life Insurance Company
[1295 State Street
Springfield, MA 01111-0001]

Immediate Annuity Application For Contract Form MMFBA-05

☐ Check here if Purchase Payment is enclosed.

Contract # _____
(For Home Office use only.)

Section 1 – Owner

If the Contract Owner is a trust, we require a Certification of Trust Agreement (F6734).

Name (First, Middle, Last), Suffix John Doe
Date of Birth 01-01-1950 Gender Male Marital Status Married
Tax I.D. #/Social Security # 123-44-1212 State Where Employed Massachusetts
Form of Identification Driver's license
State of Issue Massachusetts I.D. # 78911214 Exp. Date 01-01-2009
Owner is: ☐ Individual ☐ Corporate ☐ Custodian ☐ Trust ☐ Partnership ☐ Other
Permanent Street Address (do not use P.O. Box) 100 Park Avenue
Resident Address (City, State, ZIP) Springfield MA 12345
Mailing Address (if different from above)
Street Address _____
City, State, ZIP _____
Daytime Telephone (413) 555-5555 E-mail Address (optional) JDoe@home.com

☒ I certify that I am a U.S. person (U.S. Citizen or resident alien), or U.S. legal entity (e.g., Corporation/Partnership/LLC/Trust). If Legal Entity provide business/purpose of Entity _____
☐ I certify that I am NOT a U.S. person and that I am a resident of _____ (country).

Section 2 – Annuitant

(Leave blank if Annuitant is also Owner)

Name (First, Middle, Last), Suffix Jane Doe
Permanent Street Address (do not use P.O. Box) 100 Park Avenue
Resident Address (City, State, ZIP) Springfield MA 12345
Mailing Address (if different from above)
Street Address _____ City, State, ZIP _____
Daytime Telephone (413) 555-5555
E-mail Address (optional) _____ Tax I.D. #/Social Security # _____
Date of Birth 01-30-1950 Gender Female Marital Status Married

Section 3 – Joint Annuitant

(Complete if selecting Survivor Income Benefit)

Name (First, Middle, Last), Suffix _____
Permanent Street Address (do not use P.O. Box) _____
Resident Address (City, State, ZIP) _____
Mailing Address (if different from above)
Street Address _____ City, State, ZIP _____
Daytime Telephone _____
E-mail Address (optional) _____ Tax I.D. #/Social Security # _____
Date of Birth _____ Gender _____ Marital Status _____

Section 4 – Contract Market Type (select one)

☒ Non-Qualified

☐ IRA Annuity

☐ Other (specify): _____

Section 5 – Purchase Payment

Total Estimated Purchase Payment: \$ 10,000

- If the Purchase Payment is from a Non-Qualified source, please complete Section 6A.
- If the Purchase Payment is from a Qualified source, please complete Section 6B.
- All payments/transfers/rollovers received within 60 calendar days from Our receipt of the first payment constitute a Single Purchase Payment. The Single Purchase Payment will be applied to the contract upon the earlier of: (a) Our receipt of all payments/transfers/rollovers, or (b) 60 calendar days from Our receipt of the first payment. Prior to contract issue, any portion of the Purchase Payment received by us will not be credited interest.
- If the minimum Purchase Payment amount is not satisfied within 60 calendar days from Our receipt of the first payment, the Purchase Payment will be returned and no contract will be issued. If, on the 60th calendar day since Our receipt of the first payment, the amount received to date meets the minimum Purchase Payment requirement, We will issue the contract with the amount received to date regardless of the fact that the entire amount of the anticipated Single Purchase payment has not been received by Us. If You would prefer We open separate contracts at the time of each payment/transfer/rollover is received, please submit a separate application for each.

Section 6 – Source of Purchase Payment

(Please check all boxes that apply.)

A. Non-Qualified Plans

☒ Current Income/Personal Savings

☐ CD/Mutual Fund

☐ Non-Qualified Contract/1035 Exchanges Only

☐ Trust Funds

☐ Other _____

Please complete the appropriate forms for any Non-Qualified 1035 exchanges.

B. Qualified Rollovers

☐ IRA (i.e., Traditional, SEP, SIMPLE, etc.)

☐ Governmental 457 Deferred Compensation

☐ Qualified Plan (i.e., 401(k), Pension, or Profit Sharing Plan, etc.)

☐ 403(b)/TSA

☐ Other _____

Please complete the appropriate forms for any Qualified Rollovers.

Section 7 – Beneficiary

You must indicate the individuals that you wish to designate as your beneficiaries as provided under the rules below.

If the Owner is an Annuitant:

- Upon the Owner's death, any surviving Annuitant has the right to receive any remaining payments under the contract. If there is no surviving Annuitant, the Beneficiary has the right to receive any remaining payments under the contract.
- If a Beneficiary predeceases the last surviving Annuitant then, upon the death of the last surviving Annuitant, any remaining payments under the contract will be distributed pro-rata among the remaining Beneficiaries in the same class as the deceased Beneficiary, unless You instruct differently in writing.
- Under a qualified contract with Joint Annuitants, the Joint Annuitant must be named as the sole Primary Beneficiary.

If the Owner is not an Annuitant:

- Upon the Owner's death, the Beneficiary becomes the Owner and has the right to receive any remaining payments under the contract.
- Upon the death of the last surviving Annuitant, the Beneficiary has the right to receive any remaining payments under the contract.
- Only one Primary and one Contingent Beneficiary may be designated. If more than one Beneficiary is named in either category, We will treat the first named person in each category as the designated Beneficiary for that category.

In the event no Beneficiary is on record with Us, either by operation of the contract or by Your designation, remaining payments under the contract will be paid to the estate of the Owner.

Section 7 – Beneficiary (Continued)

Primary Beneficiary Name (First, Middle, Last)	Date of Birth/ Date of Trust	Social Security #/ Tax I.D. #	Relationship to Owner	Percentage (must equal 100%)
Contingent Beneficiary Name (First, Middle, Last)	Date of Birth/ Date of Trust	Social Security #/ Tax I.D. #	Relationship to Owner	Percentage

Section 8 – Payee

Payment Method – Please note that in situations where the Owner and Payee are different, there may be tax consequences to the Owner. There is a limit of no more than [four (4)] Payees. If more than one alternate Payee is requested, please include additional Payee information in the "Miscellaneous Instructions/Comments" section.

Pay Annuity Payment to:

☒ Owner _____ % or \$ _____ ☒ Check (default option if no selection is made) or ☐ Direct Deposit
☐ Alternate Payee _____ % or \$ _____ ☐ Check (default option if no selection is made) or ☐ Direct Deposit

Alternate Payee _____
Street Address _____
City, State, ZIP _____
Tax ID #/Social Security # _____

Section 9 – Replacement Information – Owner's Response

Will the annuity being applied for replace or change any existing individual or group life insurance or annuity? If "yes," please complete the applicable replacement forms. ☐ Yes ☒ No

Section 10 – Annuity Income Benefit Selection

A. ☐ Pension Income Benefit
C. ☐ Legacy Income Benefit Legacy Income %: _____
Benefit Period _____
B. ☒ Survivor Income Benefit Survivor Income %: 100
D. ☐ Other Income Benefit Other Income %: _____

If the Annuity Contract is issued as an IRA, you may have additional limitations beyond what is allowed on the Contract.

Evidence of Age is required for the Annuitant and the Joint Annuitant. Acceptable forms of identification must include a birthdate and may be a: [copy of a birth certificate, driver's license, marriage certificate, baptismal certificate, school records, military records, passport or voter registration card.]

Section 11 – Annuity Payment Information

Type of Annuity Income Benefit Basis Requested: ☐ Cost of Living Increase Benefit ☒ Level Benefit

Payment Frequency: ☒ Monthly [(default option if no selection is made)]
☐ Quarterly ☐ Semi Annually ☐ Annually

Payment Dates

Annuity Payments will begin one payment frequency after the Contract Date, unless you specify an earlier "payment date" below. Contracts issued on the 29th, 30th, or 31st of the month will have a payment date of the 28th.

Payment date you want to receive your first Annuity Payment (optional): ____ / ____ / ____.
Month Day (1-28) Year

Note:

- The Annuity Payment start date will be one payment frequency from Your Contract Date, unless you specified an earlier payment date above.
- If you specify a payment date for the first Annuity Payment that is less than 10 business days from the Contract Date, your first Annuity Payment will be made on the next scheduled payment date.
- The payment date cannot be changed once your contract is issued.
- Each Annuity Payment may be processed 3 business days prior to the payment date; this may impact the tax-reporting year.

Section 12 – Miscellaneous Instructions/Comments

Section 13 – Fraud Notice

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

CT, GA, NE, TX & VT: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files an Application or statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NJ: Any person who includes any false or misleading information on an Application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OR: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VA: None of the referenced Fraud Notices are applicable in the state of Virginia.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All other states except VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Section 14 – Agreements and Signatures

My signature below represents that the statements are true and accurate. I understand the following:

- Massachusetts Mutual Life Insurance Company will rely on the accuracy of these statements in issuance of this immediate annuity contract.
- This contract has no cash value and cannot be surrendered.
- Unless the Legacy Income Benefit is selected, annuity payments will cease upon the death of the Annuitant if only the Pension Income Benefit is elected, or upon the death of the surviving annuitant if the Survivor Income Benefit is also elected.
- The Annuity Income Benefits shown in Section 10 of this application cannot be added after issue of this contract.
- The Company will generally issue my Contract and apply my purchase payment within 2-5 business days of receiving it at the [Annuity Service Center or] lockbox if the information I have provided is complete. If the Company does not receive all the information needed to issue the Contract within 5 business days, the Company must either return my money or obtain my permission to keep it until all of the necessary information is received. By Signing Below, I understand that, if the Company is unable to issue the Contract by the 5th business day after receiving the purchase payment, my purchase payment will be held in a non-interest bearing suspense account and if the Contract that I applied for is not issued within 30 calendar days from the date the initial payment is received by the Company, my application will be withdrawn and the purchase payment will be returned to its original source.
- **Authority of Producers.** No producer can change the terms of this Application or any Contract issued by the Company. No producer can waive any of the Company's rights or requirements or extend the time for any payment.
- **Changes and Corrections.** Any change or correction of the application will be shown on an Amendment of Application attached to the Contract. Acceptance of any Contract issued shall be acceptance of any change or correction of the application made by the Company. However, any correction or change of amount, classification, or plan of annuity must be agreed to in writing.
- **Taxpayer Identification.** The Owner of the Contract applied herein certifies under penalties of perjury that 1) the Taxpayer Identification Number (TIN) provided in section one is his/her correct TIN 2) the Internal Revenue Service has not notified the owner that he/she is subject to backup withholding, and 3) that the owner is a U.S. person. If the owner is not a U.S. person, cross out the language in number three and provide IRS form W-8BEN.

Section 14 – Agreements and Signatures (Continued)

• **Producer's Replacement Question**

Does the Owner intend to replace, surrender, borrow against, sell or use any portion of an existing life insurance policy or annuity contract to finance any portion of the policy being applied for?

☐ Yes ☒ No

You must send in all required forms and notices signed and submitted with this Application.

If Yes, is the replacement meant to be a tax free exchange under Section 1035 or a tax free rollover or trustee to trustee transfer?

☐ Yes ☐ No

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner's Signature John Doe Date 4/8/08

Signed at: City, State Springfield MA Date 4/8/08

Annuitant's Signature Jane Kloe Date 4/8/08

Joint Annuitant's Signature, if applicable _____ Date _____

Producer's Signature Jim Smith Date 4/8/08

Print Producer's Name Jim Smith Phone Number (413) 555-6666

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MASS-125597175 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 38654
Company Tracking Number: FBA - SINGLE PURCHASE PAYMENT
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: FBA - Single Purchase Payment
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/07/2008
Comments:
Attached please find a Compliance Certification.
Attachment:
AR Compliance Certification.pdf

Review Status:

Satisfied -Name: Application 04/07/2008
Comments:
The application which is being filed appears under the Form Schedule tab.

Review Status:

Bypassed -Name: Life & Annuity - Acturial Memo 04/07/2008
Bypass Reason: N/A - This filing has no actuarial impact.
Comments:

Review Status:

Satisfied -Name: Cover Letter 04/09/2008
Comments:
Attached please find the Cover Letter which describes the details of this filing.
Attachment:
ARfile.pdf

Review Status:

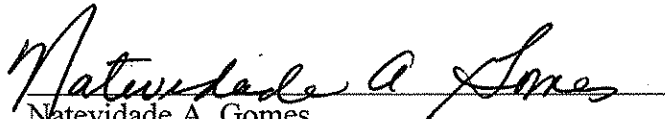
Satisfied -Name: Statement of Variability 04/09/2008
Comments:
Attached please find the Statement of Variability.
Attachment:
Statement Variability.pdf

STATE OF ARKANSAS

CERTIFICATION

MASSACHUSETTS MUTUAL LIFE INSURANCE CO.

I certify that the form and submission comply with all laws, regulations, bulletins and published guidelines applicable to this type of form.


Natevidade A. Gomes

Assistant Vice President and Chief Compliance Officer
Title of Responsible Officer

4-9-08
Date



April 9, 2008

Mr. John Shields
Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: Massachusetts Mutual Life Insurance Company NAIC #65935; Group #435; TIN #04-1590850
Form #SP-MMFBA – Single Purchase Payment Immediate Annuity Endorsement
Form #MMFBA-08 – Contract Schedule for Immediate Annuity Contract
Form #AFBA-SA-08 – Immediate Annuity Application

Dear Mr. Shields:

The captioned forms for use with our Immediate Annuity Contract form # MMFBA-05 which was previously approved by your Department on September 13, 2005, are enclosed for your approval. These forms will be issued on a going forward basis for new contract owners only.

The purpose of this filing is to allow us to change the Immediate Annuity Contract form # MMFBA-05 from a “Flexible Purchase Payment” contract to a “Single Purchase Payment” contract.

These forms will be used for both the tax qualified and non-qualified markets, as appropriate. Solicitation will be conducted by properly licensed agents and brokers through direct contact with members of the public.

The material that is bracketed is intended to be illustrative and variable, and may be modified on a non-discriminatory basis. We have enclosed a Statement of Variability, which describes the parameters of the bracketing.

We have also enclosed a Certification of Readability which outlines the Flesch Readability Score for each applicable form.

At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced policy forms. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance but not the text of the policy forms.

If you have any questions regarding this filing, please call me at 1-800-234-5606, ext. 22715 or my associate, Frances Henderson at ext. 22776. My email address is ddecoteau@massmutual.com. We would appreciate approval of these forms at your earliest convenience

Sincerely,

A handwritten signature in black ink that reads 'Diane Decoteau'.

Diane Decoteau
Compliance Specialist

Statement of Variability

The contract sets forth certain information that is enclosed within brackets. Such information is variable and may be changed, altered or amended by MassMutual. Some of the material, such as the name of the contract owner set forth in John Doe fashion, is unique to each contract owner and will vary from contract to contract.

The balance of the bracketed material will vary based upon a number of criteria, including but not limited to the market in which the contract is sold, the experience we anticipate and elections by the contract owner. All such variable data is determined prior to contract issue and once established remains constant for the life of that contract. Set out below are extracts from the Schedule Page for such variables, showing the range of value(s) that will apply for each variable under this contract. In addition, are brief explanations of the variable data for the Endorsement and Application.

Schedule Page Extracts		
Annuity Payment Frequency:	[monthly]	monthly, quarterly, semiannually or annually
Survivor Income Benefit Percentage:	[67%]	if elected, 50% to 100%
Legacy Income Benefit Percentage:	[50%]	if elected, 25% to 100%
Legacy Income Benefit End Date	[09/15/20]	if elected, 5 years to life expectancy (from Contract Date)
COLA Benefit: (if elected)		
• Maximum Increase:	[5%]	4%, 5% or 6%
• To Age:	[90]	85 or 90
• Thereafter:	[3%]	3%, 2% or 1%
• Designated Month:	[July]	two months prior to month of Contract Date
• CPI Participation Percentage:	[100%]	75% to 100%
Purchase Rate Basis Calculation:		
• Percent of A2000 Mortality Table:	[85%]	85% to 100%
• Percent of Projection Scale G:	[100%]	50% to 100% but not less than 1% to 1.5%

<ul style="list-style-type: none"> Maximum Interest Rate Deduction: 	[1%]	1% to 1.5%
<ul style="list-style-type: none"> Maximum Premium Load: 	[5%]	2.5% to 5%
Service Center:		May change based on service location
Commuted Value:		May depend on state requirements
ENDORSEMENTS/RIDERS		This field will display the Endorsement/Rider name for standard and elected benefits as applicable.
Endorsement		
Single Purchase Payment Immediate Annuity Endorsement		<p>We have bracketed the Company address at the top of the form to allow for changes that may occur in the future.</p> <p>We have bracketed the titles, [Secretary] and [President] to allow for future change in the entities authorized to sign the contract endorsement documents.</p>
Application		
Top of the form		We have bracketed the Company's address to allow for changes that may occur in the future.
Section 8 – Payee: <ul style="list-style-type: none"> Payment Method 		We have bracketed the number [four (4)] to allow for changes in the number of Payees to be chosen.
Section 10 - Annuity Income Benefit Selection <ul style="list-style-type: none"> Evidence of Age: 		We have bracketed the "Acceptable forms of identification", i.e. [copy of a birth certificate, driver's license, marriage certificate, baptismal certificate, school records, military records, passport or voter registration card] to allow for changes as standards of acceptability so dictate.

<p>Section 11 - Annuity Payment Information</p> <ul style="list-style-type: none"> • Cost of Living Increase Benefit: • Payment Frequency: 		<p>This is an optional feature that may not be available at all distribution channels.</p> <p>We have bracketed [Quarterly, Semi-Annually, Annually] to allow for these payment frequency options in the future. If these options are offered in the future, then Monthly will be the default option if no selection is made.</p>
Section 13 – Fraud Notice		We have bracketed the Fraud Notice section to allow for regulatory state changes to the state specific notices in the future.
<p>Section 14 – Agreements and Signatures</p> <ul style="list-style-type: none"> • 5th bullet 		We have bracketed [Annuity Service Center or] in the fifth bullet to allow for changes in the future.